



STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591971

REPORT NO. **E381804**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-03049
LOCAL AGENCY CODING	
TOTAL # OF UNITS	02
OBJECT STRUCK	

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 12 - 08 - 2014	1429	31		0664
N S E W IN OF				

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	2500
SR 9	MILE POST <input type="checkbox"/>	

DISTANCE	OF (REFERENCE OR CROSS STREET)
500 00 MILES FEET <input checked="" type="checkbox"/> N <input checked="" type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W	SOPER HILL RD

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4253451751
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LAST NAME	CULP	FIRST NAME	JAMES	MIDDLE INITIAL	D
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STREET NEW ADDRESS	7105 77TH AVE NE
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CITY	MARYSVILLE	ST	WA	ZIP	982706587
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CDL	A	RESTRICTIONS		ENDORSEMENTS	L, N
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DRIVER'S LICENSE #	CULP*JD371QC	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	11	03	1963
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B36505T	STATE	WA	VIN#	1GCHK29U03E248206
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	2003	MAKE	CHEV	MODEL	K2PU	STYLE	4C	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. JAMES CULP 7105 77TH AVE NE MARYSVILLE WA 98270

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALL STATE 917931615
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/> PEDAL-CYCLE <input type="checkbox"/> PEDESTRIAN <input type="checkbox"/> PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252311284
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LAST NAME	LINDBLOOM	FIRST NAME	DEAN	MIDDLE INITIAL	M
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STREET NEW ADDRESS	7023 137 DR NE
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CITY	LAKE STEVENS	ST	WA	ZIP	982580000
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CDL		RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	LINDBDM311K8	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	05	28	1969
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE		INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	B56994X	STATE	WA	VIN#	1GTCS19R6N8511879
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TRAILER PLATE #		STATE		TRAILER PLATE #		STATE	
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VEH. YEAR	1992	MAKE	GMC	MODEL	S10PU	STYLE	PC	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY		GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. DEAN LINDBLOOM 7023 137TH DR NE LAKE STEVENS WA 98258

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALL STATE 976728239
VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE



OFFICER'S NAME (PRINT)	RON BROOKS	BADGE OR ID #	013	AGENCY	WA0311900
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STATE OF WASHINGTON  
POLICE TRAFFIC  
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E381804**

CASE # **14-03049**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)													
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY		
PASSENGER <input type="checkbox"/>	WITNESS <input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES

NARRATIVE

Unit 1 and Unit 2 were traveling north bound on SR 9. The driver of Unit 1 said that he was traveling in the left lane and Unit 2 was traveling in the right lane. Unit 1 driver said that he turned on his turn signal to move right and the driver of Unit 2 sped up to prevent him from moving right. The driver of Unit 1 pulled in behind the driver of Unit 2 but Unit 2 slowed down. The driver of Unit 1 moved back to the left lane and pulled up beside Unit 2. They rolled down their windows and had an exchange of words and while they were yelling the driver of Unit 1 said that he swerved to the right toward Unit 2. The driver of Unit 1 said the driver of Unit 2 turned hard left and slammed into him. The driver of Unit 2 said that Unit 1 pulled up to him and told him to pull over. The driver of Unit 2 said that the Driver of Unit 1 swerved at him so he cussed at the driver of Unit 1. The driver of Unit 2 again swerved at the driver of Unit 2 and hit him.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

**RON BROOKS**

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

**12-09-14 07:12 AM**

DATED

PLACE SIGNED

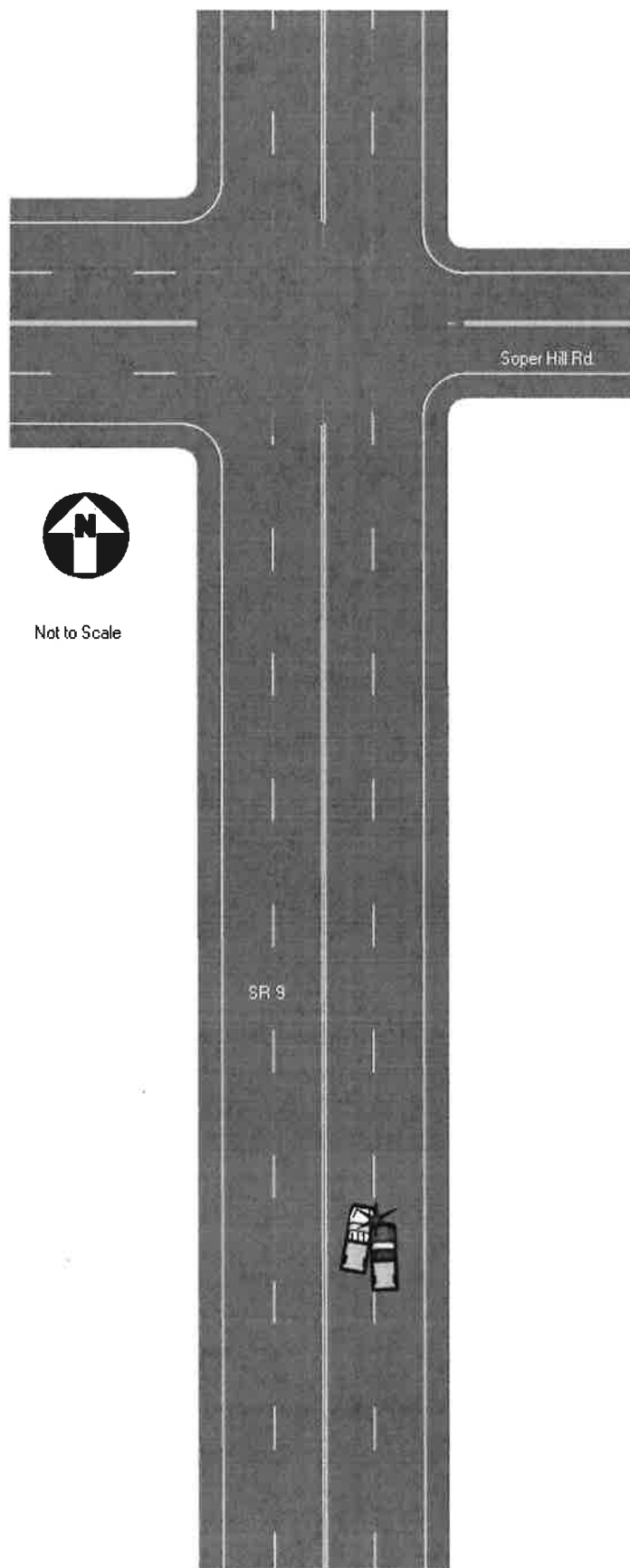
APPROVED BY

**RON BROOKS 013**

DATE

**12/9/2014 7:25:32 AM**

BADGE OR ID #	<b>013</b>	ORI #	<b>WA0311900</b>	TIME POLICE DISPATCHED	<b>2:30 PM</b>	TIME POLICE ARRIVED	<b>2:30 PM</b>
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Not to Scale

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number <i>S. WARRIS 112</i>	Case Number <i>14-03049</i>
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>COCAINE</i>	Date/Time: <i>12/18/14 1537</i>
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evi will be held until court dispo or when the Statute of Limitations has expired *Found and Sfkg will be held for 60 days or 60 days past owner notification	

Case #	Item # <i>1</i>	Item <i>C.O. WITH PHOTOS</i>	Brand Name		Storage Location		Disposition		
	Action # <i>3</i>	Brand/Model/Caliber		(Further Description)					
		Serial #	Where Found	Weight of Narcotic					
	Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions								
	Item #	Item	Brand Name		Storage Location		Disposition		
	Action #	Brand/Model/Caliber		(Further Description)					
		Serial #	Where Found	Weight of Narcotic					
	Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here
	Owner Signature/Other remarks /additional information/ special instructions								
Item #	Item	Brand Name		Storage Location		Disposition			
Action #	Brand/Model/Caliber		(Further Description)						
	Serial #	Where Found	Weight of Narcotic						
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions									
Item #	Item	Brand Name		Storage Location		Disposition			
Action #	Brand/Model/Caliber		(Further Description)						
	Serial #	Where Found	Weight of Narcotic						
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions									
Item #	Item	Brand Name		Storage Location		Disposition			
Action #	Brand/Model/Caliber		(Further Description)						
	Serial #	Where Found	Weight of Narcotic						
Owner's Name		Address		City	State	Zip	Phone #	Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions									
Evidence Control Use Only:									
Received by Evidence:		NCIC/WACIC	✓	Date:	CAD/RMS Checked	ROUTING: _____			
Name: _____ # _____		NCIC/WACIC +		Date:	Owner Letter Sent:	White: Property Room			
Date: _____ Time: _____		NCIC/WACIC -		Date:	Owner Letter Sent:	Yellow: Case File			

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER

14-03049



### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Lindbloom Dean Michael	RACE W	ETH	SEX M	DOB 5/28/69	AGE 45	HGT 6'4"	WGT 265	HAIR BLK	EYES BLU
STREET ADDRESS 7023 137th Dr NE		CITY LK Stevens			STATE WA	ZIP 98258	RES. STATUS			
HOME PHONE N/A		CELL PHONE 125-231-1284			PLACE OF EMPLOYMENT Cremat					
WORK PHONE N/A		EMAIL ADDRESS N/A								

I, Dean Lindbloom, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

The person in the other vehicle swerved at my vehicle when the lane he was traveling in stopped at Lundeen park way. I was able to avoid him and continue on in my lane through the light. When the person in the vehicle caught up with me, he pulled up beside me while we were traveling at highway speed and I rolled down my window and ask him why he was trying to kill me? He gestured to me to pull over and swerved at me then when I cussed at him and he swerved at me again and hit me.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Dean Lindbloom</u>	DATE SIGNED 12/8/14	LOCATION SIGNED BN scene
OFFICER/NUMBER: <u>3012</u>	DATE SIGNED "	LOCATION SIGNED "

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_ OF \_\_\_

# LAKE STEVENS POLICE DEPARTMENT

## VICTIM/WITNESS STATEMENT

CASE NUMBER 14-03049



### VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) CULP, James, DENNIS	RACE W	ETH	SEX M	DOB 11-3-63	AGE 51	HGT 6'3"	WGT 185	HAIR BR	EYES BL
STREET ADDRESS 7105-77th Ave NE		CITY Marysville			STATE WA	ZIP 98270	RES. STATUS			
HOME PHONE None		CELL PHONE 425-345-1751			PLACE OF EMPLOYMENT TEAM Nelson					
WORK PHONE 425-766-9135		EMAIL ADDRESS JD.culp@Frontier.com								

I, \_\_\_\_\_, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

I was traveling NB SR 9 in left lane @ about 1600 Bk. ~~Signal~~ signaled R. for lane change Red p/u rushed up and blocked so I got ~~beh~~ behind him and he slowed down, I then signaled to change lanes Left, he rolled down his window to talk, I rolled mine down & he said "really" or something like that, my truck veered slightly to the white line (Right) and he turned his wheel hard left and slammed into the right side of my pick up. The collision occurred approximately 2500 Bk NB SR 9. He then continued N. on SR 9 for about one mile, I thought he was leaving the ~~scen~~ scene then he pulled over @ About the 3100 Block of NB SR 9.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <i>James Culp</i>	DATE SIGNED 12-8-14	LOCATION SIGNED onscene LK Steven
OFFICER/NUMBER: <i>SGT. [Signature]</i>	DATE SIGNED 12	LOCATION SIGNED C

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

PAGE \_\_\_ OF \_\_\_













Incident History for: #SS14024276

Case Numbers: \$SS14003049

Entered 12/08/14 14:29:56 BY SPCT06 SP0379  
Dispatched 12/08/14 14:31:04 BY SPDP17 SP0120  
Enroute 12/08/14 14:31:04  
Onscene 12/08/14 14:31:50  
Closed 12/08/14 15:06:43

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS002 Fire BLK: AG1618 Map Page: 377E-5 Group: SS1 Beat: WEST

Src: T

Loc: SOPER HILL RD/SR 9 NE , LKS (V)

Loc Info: NB SR 9 NO SOPER

Name: HULT, JAMES

Addr:

Phone: 4253451751

/1429 (SP0379) ENTRY , CC, JO, 2 VEH, NON-INJ, NON-BLK, WHI CHEVY SILV  
ERADO PU VS RED CHEVY S10, BOTH PULLED TO SIDE O  
F ROAD  
/1430 (SP0120) AGCADV , BRDCST  
/1430 AGCADV , 19S10  
/1431 DISPER 19D2 #SS112 WARBIS, OFFICER (STEVE)  
/1431 (SS112 ) \*ONSCNE 19D2  
/1436 (SP0120) ASSTER 19S10 [SOPER HILL RD/SR 9 NE , LKS]  
#SS13 BROOKS, SGT (RON)  
/1453 ASNCAS 19S10 \$SS14003049  
/1453 ONSCNE 19S10  
/1501 (SP0380) CLEAR 19D2  
/1506 CLEAR 19S10 D/H  
/1506 CLOSE 19S10